PIPE E L NATE

| t all three tests for Yes No X | a spouse or dependent child because they meet all three tests for | eamed" income, or liabilities of a Committee on Ethics. | EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. |
|--|--|---|---|
| lave you excluded Yes No X | ther "excepted trusts" need not be disclosed. H | mmittee on Ethics and certain of lependent child? | TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? |
| QUESTIONS | - ANSWER BOTH OF THESE QUESTIONS | RUST INFORMATION | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO |
| COMPLETE | THAT YOU ARE REQUIRED TO COMPLETE | ILY THE SCHEDULES | THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE |
| 3 | HEDULE IF YOU ANSWER "YES" | ATTACH THE CORRESPONDING SCHEDULE IF YOU | ATTACH THE C |
| \$5,000 from a Yes X No Years? | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | Yes No X | D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? |
| arrangement with an Yes No X | Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | Yes X No | C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? |
| g the reporting Yes X No Shift the date of filing? | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes No X | A Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? |
| | TIONS | H OF THESE QUES | PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS |
| A \$200 penalty shall be assessed against any individual who files more than 30 days late. | Period Covered: January 1, 2017 to MAY 31, 2018 | Staff Filer Type (If Applicable): Shared Principal Assistant | New Officer or Employee Employing Office: |
| (Office Use Only) | Check if Amendment | TZ 8 | New Member of Candidate for State: U.S. House of Representatives District: Candidates - Date of Election: 8-2-18 |
| 18 JUN 18 AM II: 35 | none: | Daytime Telephone: | Name: George S. Flinn, Jr. |
| Page 1 of LEGISLATIVE RESOURCE CENTER | FORM B For New Members, Candidates, and New Employees | | FINANCIAL DISCLOSURE STATEMENT |
| | | | |

Name: Greatge S. Flinn, Jr.

| BLOCK A Assets and/or Income Sources | | | 1 | ya | BEC BEC | BLOCK B | BLOCK B | 22 | | | | | | | = | Ypa _ | BLOCK C Type of Income | a X | 울 | O . | | | | | | | | | | ≥ | יוסני ' | | BLOCK D Amount of Income | 200 |) | 0 | | | | | | | | |
|---|---|--|-------------|-------------|---------------|-----------|-------------|---------------|----------------|-----------------|------------|-----------------|------|---------|-------|----------|---|--|----------------------|---|------------------|----------------------------|-------------|----------------|--------------|-------------|-------------|-------------------|-------------|---|--------------|--------------------------|---------------------------|--------------|--|-------------|--|------------|--|------------|--------------|--|--|--|
| Identity (a) each asset held for investment or liproduction of income and with a fair market value uexceeding \$1,000 at the end of the reporting period, sand (b) any other reportable asset or source of income is and (c) any other reportable asset or source of income in the control of the co | Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is | ation met | Tod mag | old uses | othe durin | se of | e 12:4 | porti. | A THE | perio /aliue | 2 D | ase you | 유트 | 2 9 2 E | | 1 52 x m | Check all columns that apply. Fo that generate tax-deferred income 401(k), IRA, or 529 accounts), you the "Tax-Deferred" column. It internet: and capital calita. | a dun de | 3 5 5 5 5 | Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital capita, earn, if | | For assets indicapital gal | Nor Qual | 6 3 8 8 | no ir | at ag | inve | sted s | Tax- | O D D D D D D D D D D D D D D D D D D D | ener chec | sted String String | the CX | an approx | icon Strictor Track | 20 A C | S C X | ses who | for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other icate the category of income by checking the appropriate box below. Dividends, interest, and ins, even if relinvested, must be disclosed as income for assets held in taxable accounts. ne" if no income was samed or generated. | 5 d 8 | nds, | inte | 000 | othe and |
| | indicad only because it generated income, the value should be "None." | D VIE | ୍ଦି ଥି | 25 6 | gen | erare | 2 |) me | 5 | Valu | esn | | 100 | Vod. | 3 C | E Bust | E B | | 000 | reinvested, must be disclosed as income for assets held in taxable accounts. Check | | | × | is in | or as | sets | De d | ьу у | our s | pou | of of | dep | ende | nt d | ᆵ | <u>\$</u> | ich y | 5 | *Column XII is for assets held by your spouse or dependent child in which you have no interest | Ξ. 9 | eres | ř | | |
| Provide complete names of stocks and mutual funds (do not use only ticker symbols). | *Column M is for assets held by your spouse or dependent child in which you have no interest. | G is | 5 5 | ave | no in | teres | y you | Spo | 28 | or de | pen | E | d N | 5 | # ₹ £ | ordin | "None" if the asset gene during the reporting period | 2 9 | allec | "None" if the asset generated no income during the reporting period. | Φ } | | | | | | | | | | | | | | | | | | | | | | | |
| For all IRAs and other retirement plans (such as 401(X) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | - | | 4 | -1 | | _} | 4 | _ | | _ | | | | | | | | - | - | | + | | | | <u> </u> | i | | | ' | | 1 | | 1 | | | | | | | 5 | 1 | | | |
| For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. | D | | | m | 71 | | | | ٠ | * | - | Z | | | • | | • | | | | -1 | - | = | ~ | | V V V | ≦ 5 | ≦ 6 | | × | × | | | = | = | | <u> </u> | ≤ . | | ≦ <u>6</u> | <u> </u> | × | × | Ϫ |
| For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. | | | | | | | | | | | | | | | | | | | | этте) | | | | | | | | | | | | | | | | | | | | | | | | |
| For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. | | - | | ~ | | | | | | | | | | | | | | • | | me or Farm Inco | | | | | | | • • | • • • • | | | | | | | | | | | | | | | | |
| Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. | | | | | | *** | | | | | | <u> </u> | | | | | | | | ., Partnership Incol | | | <u> </u> | | | | | | | | | 0* | | | · | | | | | J=13441 | | | | 10, |
| If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. | | | | | | | _ | | | | _ | 1,000,000 | | | _ | | | 27 | | pecify: e.g. | _ | | | | | | | | | | | \$1,000,00 | | | | | | | | | | | | \$1,000,00 |
| If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. | _ | | | | | | \$1,000,000 | 1-\$5,000,000 | 1-\$25,000,000 | 01-\$50,000,000 | ,000,000 | C Asset over \$ | | DS | | T | GAINS | ED/BLIND TRU | | | | | 000 | - | | | | 100,000 | \$1,000,000 | 1-\$5,000,000 | | C Income over | | | 000 | | | 15,000 | \$50,000 | \$100,000 | -\$1,000,000 | 01-\$5,000,000 | | C Income over |
| For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | \$1-\$1,000 | \$1,001-\$1 | \$15,001-\$ | \$50,001-\$ | \$100,001 | \$250,001 | \$500,001 | \$1,000,00 | \$5,000,00 | \$25,000,0 | Over \$50, | Spouse/D | NONE | DIVIDEN | RENT | INTERES | CAPITAL | | | Other Typ | None | \$1-\$200 | \$201-\$1,0 | \$1,001-\$2 | \$2,501-\$4 | \$5,001-\$1 | \$15,001-\$ | \$50,001- | \$100,001 | \$1,000,00 | Over \$5,0 | Spouse/D | None | \$1-\$200 | \$201-\$1,0 | \$1,001-\$2 | \$2,501-\$ | \$5,001-\$ | \$15,001- | \$50,001- | | | Over \$5,0 | |
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| | Smith A O | Constellation Brand | Adobe Systems | Raytheon Co | Abbvie Inc | McDonalds Corp | Edwards Lifesci | Cisco Systems | Hilton Worldwide | Progressive Co OH | Alphabet Inc-A | Alphabet Inc-C | Pfizer Incorporated | Merck & Co Inc | ASSET NAME BF | | | Assets and/or income sources | BLOCK A |
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| TN Edu Bd 2.379% | Boeing Corp Bd | Trinity Ind 4.5% Bd | Nashville GO Bd | Waldens Ridge Bd | Celgene 3.875% Bd | Citigroup step33 bd | Wilson Util TN Bd | Chas Schwab Bd | Blount Cty Bd | Cap One 3.75% Bd | Shelby Cty Hith Bd | Macys 6.7% bd | MBIA 6.625% Bd | Blkrock strat inc fd | ASSET NAME | | | Assets and/or Income Sources | BLOCKA |
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Name: George S Flinn Jr

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| | | ╅ | | | ┼ | + | 1 | | | ┪ | | + | † | 1 | 1 | \$5,001-\$15,000 | S | ā | | |
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| Western Asset fd | Nuveen mun fd | Nuveen Global fd | Nuveen pref fd | Invesco cr opp fd | Hancock div-inc fd | Eaton Vance ST fd | Dreyfus muns fd | Alliance Nat muni fd | Wells Fargo ST Fd | Vanguard midcap fd | Vanguard Exp Fd | Transam Growth Fd | SIT US Govt Fd | TRPrice Cap Appr | ASSET NAME | | | | | Assets and/or income Sources | BLOCK A |
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| | | | | <u> </u> | | | | | | | | | | | | \$100,061-\$1,000,006 | R | | | | |
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| Express Scripts Co | Ebay Inc | Dell Technologies | Costco Wholesale | Cardinal Health Inc | CME Group Inc | Black Hills Corp | Bed Bath & Beyond | Amgen Inc | RJames2886 cash | Sector spdr-energy | SPDR Hi-yield etf | Powersh Global eff | Ishares Pfd Stk etf | Ishares Mdcp etf | ASSET NAME PF | | | | Assets and/or income Sources | BLOCK A |
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| | | <u> </u> | | 1 | 1 | | | | | | | | | , , , , , , , , , , , , , , , , , , , | | | | | . 3 | |
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| <u> </u> | X | × | | | | | | | × | | | | | | | Note \$1-\$200 | - | | 큔 | BLOCKD |
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| S. | X | × | × | × | × | × | X | | * | × | × | X | × | × | | \$1-8200 \$261-81,000 \$1,001-\$2,500 \$2,501-\$5,000 | 35 | Precex | Income | S D |
| S | X | × | > | × | × | × | × | | * | × | × | X | X | ス | | \$1-8200 \$291-\$1,000 \$1,001-\$2,500 \$2,501-\$6,000 \$6,001-\$15,000 | 35 | Preceding | Income | CK D |
| S | X | X | × | × | × | × | × | | * | × | × | X | X | × | | \$1-\$200 \$261-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 | M N N N B B | Preceding Ye | Income | CKD |
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| ### Type of Incoms \$14,1000 | Enterprise Prod ptrs | Energy xfer LP | Wells Fargo Co | United Health Grp | Sysco Corp | Stryker Corp | Paypal Holdings Inc | Merck & Co | Kinder Morgan | Johnson&Johnson | JPMorgan Chase | Interdigital Inc | Home Depot Inc | Genuine Parts Co | General Mills Inc | | | Assets and/or income Sources | BLOCKA |
| F1,001-413,000 | | | | | | | | | | | | | | | | | None > | | |
| Value of Agency Value of A | | | | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | \$1-\$1,000 @ | | |
| 150,001-4300,000 | | | | | | | | X | | | | | | | | estations or not not not not | \$1,001-\$15,000 O | | |
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| ## Special Residence Proceeding Proceding | ***** | | × | | \times | | 1 | | | 1 | | | | | | \$50,001-\$100,000 m | ≤ | |
| ## Special Residence Proceeding Proceding | | | | | | | | | | | × | × | | | | \$100,001-\$250,000 | Ē | 22 |
| ## Special Residence Proceeding Proceding | | | | | | | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$250,001-\$500,000 ය | 9 | 8 |
| ## Special Residence Proceeding Proceding | | 1 | | | | | 1 | | | | | | | | | \$500,001-\$1,000,000 ± | \$ | â |
| \$25,000,001-400,000,000 X | | | - | | | | - | | | | <u> </u> | | | | | | \$1,000,001-\$5,000,000 | Ĭ | |
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| SpouseCC Asset over \$1,000,000" X | | | | | | | | 1 | 1 | | | | † | 1 | | | \$25,000,001-\$50,000,000 | | |
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Name: George S Flinn Jr

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| Value of Income Sources | | | | | | | | | | | | | | | | ≒ ,8,€ | | | | | |
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| SpowerDC Asset over \$1,000,000" E NOME | | | | | | <u> </u> | | L | | | | | | | <u> </u> | | \$25,000,001-\$50,000,000 | * | | | |
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| \$100,001-45,000,000 | | | | <u> </u> | Ī | <u> </u> | | | | | | | 1 | T | 1 | T | \$50,001-\$100,000 | | | | |
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| Spourse/DC Income over \$1,000,000* 😸 | \vdash | | | | | 1 | † | | | | | 1 | | | | | managed and the same of the sa | *** | | | |

| SCHEDULE A - ASSETS | ACOME. | Name: George S Flinn Jr | |
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| BLOCK A Assets and/or income Sources | BLOCK B BLOCK C Value of Asset Type of Income | CKC Income | BLOCK D Amount of Income |
| | > m m m m m m m m m m m m m m m m m m m | | Current Year |
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Name: George S Flinn, Jr.

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Name: George S. Flinn, Jr.

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| | | | | | | | <u></u> | | | <u> </u> | | | | | industrial account | \$1,000,001-\$5,000,000 >c | |
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| 1 | | 1 | | | | | | | | | | | | | 10 | Spouse/DC Income over \$1,000,000* 💥 | |

Name: George S. Flinn, Jr.

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|--|--------|--------------|----------|--------------|-------------------|-------------------|--|-------------------|-------------------------|------------------|-------------------|--|--------------------|-----------------|---|--|--|----------------|------------------------------|---------|
| | | | | | Regions bank-cash | Navy Fed Cr Union | Riversource IRA | Skin Clinics, LLC | Pimco Inc Fd | 1st Trust Inc Fd | Blackrock Muni Fd | FTB Advisor-cash | Kailua, HI TV, LLC | WOXF-FM license | ASSET NAME | | | | Assets and/or income Sources | BLOCK A |
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SCHEDULE C - EARNED INCOME

Name: George S. Flinn, Ir. Page 21 of 23

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| | | A. | Amount |
|--|-----------------------------|------------------------|----------------------------|
| Source (include date of receipt for honoraria) | Type | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baitmore, MD (July 15) | Honorarium | \$0 | \$500 |
| Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$20,000 \$0 N/A | \$76,000 \$1,000 N/A |
| Diagnostic Ultrasound Consultants, P.C. Salary | Salary | 974,09 | 385,789 |
| Fling Broadcasting Corporation | Salary | 9216 | 26,000 |
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SCHEDULE D - LIABILITIES

Name: George S. Flinn, Jr.

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period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

| | | | | SP. | | |
|----|--|--|--|--|----------|---------------------|
| | | | Ехатрю | | | |
| ** | | | First Bank of Wilmington, DE | Creditor | | |
| | | | 5/98 | Date Liability Incurred MO/YR | · | |
| | | | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | \$10,001- \$15,000 | > | |
| | | | | \$15,001- \$50,000 | 120 | |
| | | | | \$50,001- \$100,000 | <u>о</u> | |
| | | | × | \$100,001- \$250,000 | | 1 |
| | | | | \$250,001- \$500,000 | m | Amount of Liability |
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| | | | | \$1,000,001- \$5,000,000 | ၈ | ability |
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| | | | | \$25,000,001- \$50,000,000 | _ | |
| | | | | Over \$50,000,000 | | |
| | | | | Over \$1,000,000* (Spouse/DC Liability) | <i>*</i> | |

SCHEDULE E - POSITIONS

or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting seriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

| Position | Name of Organization |
|-----------|--|
| Thesident | Flinn Broadcasting Corporation |
| President | Diagnostic Ultrasound Consultants, P.C. |
| President | Broadcasting for the Challenged, Inc. |
| Director | Christian Worldview Broadcasting Corporation |
| | |

SCHEDULE F - AGREEMENTS

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|---|----------|
| | Name: (5 |
| 4 | eorge |
| | 25, |
| | Flinn |
| , | Jr. |
| | Page 2 |

Page 23 of 23

| employer. | continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former | Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; |
|-----------|--|--|
| | plan maintained by a former | period of government service; |

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| | | |
| | | |
| | | |
| None | | |
| Terms of Agreement | Parties to Agreement | Date |
| | | |

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and <u>two</u> prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Source (Name and City/State) | Brief Description of Duties |
|---|------------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| | |
| | (All included on Schedule C) |
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